

## How Does Health Care Reform Impact DMH Directly-operated and Contracted Providers?

1. Health Care Reform does not change the type of services offered by DMH providers.
2. Health Care Reform also does not change the fact that the Department of Mental Health **remains the carve-out** for specialty mental health services for Medi-Cal beneficiaries.
3. Health Care Reform WILL increase the number of individuals eligible for Medi-Cal due to the Medicaid Coverage Expansion (MCE) component of the ACA. This means you may notice an increase in individuals enrolled in a Medi-Cal Managed Care Plan.

### Understanding the Managed Care Health Plans

Managed Care Plan	Medi-Cal <sup>1</sup>	Covered California <sup>2</sup>	Non-Specialty Behavioral Health Services Provider
L.A. Care Health Plan	√	√	Beacon Health Strategies
Kaiser Permanente	√ (L.A. Care Subcontractor)	√	Kaiser Permanente
Anthem Blue Cross	√ (L.A. Care Subcontractor)	√	Anthem Blue Cross
Care 1 <sup>st</sup> Health Plan	√ (L.A. Care Subcontractor)		Beacon Health Strategies
Health Net Community Solutions, Inc.	√	√	MHN (Managed Health Network)
Molina Healthcare	√ (Health Net Subcontractor)	√	Molina Healthcare
Blue Shield of California		√	Blue Shield of California

<sup>1</sup>The Department of Mental Health (DMH) is the *specialty* mental health provider for individuals enrolled in a *Medi-Cal* Managed Care Plan.

<sup>2</sup>Covered California is federally-subsidized *private insurance* for individuals with incomes from 139% to 400% of the Federal Poverty Level (FPL). Individuals with insurance through Covered California who meet criteria for *specialty* mental health services should be handled in accordance with *Other Health Coverage (OHC)* guidelines.

### Non-specialty Mental Health Services

Health Care Reform requires that all health plans offer ten (10) essential benefits. One of those benefits includes mental health and substance abuse services. This requirement should increase the mental health resources available for individuals with Medi-Cal managed care and private health insurance who do not meet, or no longer meet, specialty mental health criteria.

The Department is working with the health plans listed under the “Non-Specialty Behavioral Health Services Provider” column above to develop a process by which individuals can be referred back to the health plans when the individual does not meet specialty mental health criteria.

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